MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/ 587938

FILING DATE

APPLICANT(S)

CLAIMS

Claim	AS FILED IND.	AS FILED DEP.	AFTER 1st AMENDMENT IND.	AFTER 1st AMENDMENT DEP.	AFTER 2nd AMENDMENT IND.	AFTER 2nd AMENDMENT DEP.
1	1					
2						
3		2				
4		0				
5	1					
6		1				
7		2				
8		0				
9		0				
10	1					
11		1				
12	1					
13		0				
14		0				
15	1					
16		1				
17		1				
18		3				
19		0				
20		0				
21	1					
22		1				
23		2				
24		0				
25		0				
26						
27				1		
28			1			
29				1		
30			1			
31						
32				2		
33				2		
34				2		
35			1			
36						
37				1		
38				1		
39			1			
40				1		
41				1		
42						
43				1		
44			1			
45						
46						
47						
48						
49						
50						
TOTAL IND.			5			
TOTAL DEP.			17			
TOTAL CLAIMS			22			

Claim	AS FILED IND.	AS FILED DEP.	AFTER 1st AMENDMENT IND.	AFTER 1st AMENDMENT DEP.	AFTER 2nd AMENDMENT IND.	AFTER 2nd AMENDMENT DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

PTO - 1360 (REV. 11/04)